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1644
Hw/B**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Application Number	09/752,514
Filing Date	January 3, 2001
First Named Inventor	Gary Klinefelter
Art Unit	1644
Examiner Name	Not yet known
Total Number of Pages in This Submission	4
Attorney Docket Number	ISA-013.03

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Supplemental Application Data Sheet
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Beth E. Arnold, Esq., Registration No. 35,430 Foley Hoag, LLP
Signature	
Date	November 9, 2004

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Brett Clemens		
Signature		Date	November 9, 2004

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Supplemental Application Data Sheet

Application Information

Application Number::	09/752,514
Filing Date::	January 3, 2001
Application Type::	Continuation-in-Part
Subject Matter::	Utility
Suggested Classification::	N/A
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	N/A
Number of CD disks::	N/A
Number of copies of CDs::	N/A
Sequence submission?::	
Title::	Methods for Evaluating and Affecting Male Fertility
Attorney Docket Number::	ISA-013.03
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	16
Small Entity::	No
Licensed US Govt. Agency::	N/A
Contract or Grant Numbers::	N/A
Secrecy Order in Parent Appl.::	N/A

Applicant Information

Applicant Authority type::	Inventor
Primary Citizenship Country::	U.S.A.
Status::	Full Capacity
Given Name::	Gary
Middle Name::	
Family Name::	Klinefelter
Name Suffix::	

City of Residence:: Research Triangle Park
 State or Province of Residence:: North Carolina
 Country of Residence:: U.S.A.
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 City of mailing address:: Research Triangle Park
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 Postal or Zip Code of mailing address:: 27711

Correspondence Information

Correspondence Customer Number:: 25181

Representative Information

Representative Customer Number::	25181
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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation-in-Part	09/123,492	July 28, 1998
09/123,492	An application claiming the benefit under 35 USC 119(e)	60/082,753	April 23, 1998
09/123,492	Continuation-in-Part	PCT/US97/01725	January 29, 1997
PCT/US97/01725	Continuation-in-Part	08/593,677	January 29, 1996

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee Name:: U.S. Environmental Protection Agency

Street of mailing address::

City of mailing address:: Washington

State or Province of mailing address:: D.C.

Country of mailing address:: U.S.A.

Postal or Zip Code of mailing address::